

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15314

State File No. _____
Registrar's No. 78

Registration District No. 135 Primary Registration District No. 3034

88
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly, Mo.
(c) Name of hospital or institution:
735 W. Reed /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 735 W Reed St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Caroline V. Kimbrough
(b) If veteran, name war (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 9th
year 1942 hour _____ minute 25 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
7. Birth date of deceased: Jan 18th 1847
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 25, 1942, to April 9, 1942, that I last saw her alive on April 9, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
95 2 21 hr. _____ min.

Immediate cause of death: Cerebral Hemorrhage

9. Birthplace: Canada
(City, town, or county) (State or foreign country)

Due to: Arterio Sclerosis

10. Usual occupation: At home

Due to: Probably Age -

11. Industry or business _____

Other conditions: none
(Include pregnancy within 3 months of death)

MOTHER FATHER
12. Name Tunis Albert Vroom
13. Birthplace N.J.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah C. Lowe
15. Birthplace N.J.
(City, town, or county) (State or foreign country)

Major findings: 430
Of operations _____
Of autopsy _____

16. (a) Informant R. H. Kimbrough
(b) Address Moberly Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof Apr 11th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

While at work? _____ (Specify type of place)
(e) Means of injury ↓

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) 4-11-42 (b) Irma Hove
(Data received local registrar) (Registrar's signature)

23. Signature M R Holand (M. D. or _____)
Address Moberly Mo Date signed 4-11-42

1670 (Licensed Embalmer's Statement on Reverse Side)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 5-42-1169

Date Filed MAY 19 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank S DeWitt

Licensed Embalmer No. 3021

P. O. Address.....

Moberly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.